



Sheriff Michael L. Chapman

LOUDOUN COUNTY SHERIFF'S OFFICE

880 Harrison Street SE, Leesburg, Virginia 20175
Telephone 703-777-0407

LOCAL RECORD CHECK _____

APPLICATION FOR MASSAGE LICENSE

*THIS FORM MUST BE FULLY COMPLETED. ANY OMISSIONS WILL RESULT IN NO FURTHER ACTION BEING TAKEN BY THE LOUDOUN COUNTY SHERIFF'S OFFICE. IF A PARTICULAR SECTION DOES NOT APPLY, YOU MUST INDICATE SO. **DO NOT LEAVE ANY LINE BLANK.***

NAME

LAST FIRST MIDDLE
LIST ANY OTHER NAMES THAT YOU HAVE USED (Include maiden and marital) _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ RACE _____ SEX _____

HOME ADDRESS _____
STREET

CITY

STATE

ZIP CODE

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

PREVIOUS ADDRESS: From _____ To _____
STREET

CITY

STATE

ZIP CODE

PREVIOUS ADDRESS: From _____ To _____
STREET

CITY

STATE

ZIP CODE

NAME OF MASSAGE BUSINESS _____

ADDRESS _____
STREET

CITY

STATE

ZIP CODE

NAME OF PREVIOUS MESSAGE BUSINESS (1) _____

ADDRESS _____
STREET

CITY STATE ZIP CODE

NAME OF PREVIOUS MESSAGE BUSINESS (2) _____

ADDRESS _____
STREET

CITY STATE ZIP CODE

CURRENT EMPLOYER (if different from massage business) _____

ADDRESS _____
STREET

CITY STATE ZIP
CODE

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Circle one) YES NO
(If yes, list each occurrence, date, and location)

READ CAREFULLY!

In compliance with County Code Section 820.03, I am eighteen years of age or older. I have never had any convictions, pleas of nolo contendere, the suffering of a forfeiture on any felony charge or on a charge of violating any provisions of Sections 18.2-344 through 18.2-361 or Sections 18.2-370 through 18.2-389 which laws relate to sexual offenses. I have never had any similar violations in other jurisdictions.

I am aware that it is unlawful for any person, either knowingly or through gross negligence, to make a false or misleading statement on this application, and that violations of this prohibition shall be treated as misdemeanors and shall further constitute grounds for automatic denial of such application or revocation of any permit under such application. **I further understand that it is my responsibility to contact the Commissioner of Revenue at (703) 777-0260 and determine whether or not I am required to obtain a business license.**

NOTE: A copy of this application will be provided to the Office of the Commissioner of Revenue.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT THIS MESSAGE LICENSE IS VALID IN LOUDOUN COUNTY, VIRGINIA ONLY.

SIGNATURE _____ DATE _____

*****PLEASE ALLOW UP TO TWO BUSINESS DAYS FOR THE LCSO TO PROCESS THIS APPLICATION. ENSURE YOUR CONTACT PHONE NUMBERS ARE CORRECT*****